Effective October 1, 2000

Application or Docket Number

09919652

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24				Ē	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			24 minus 20= *		* ' 4			X\$ 9=	36 w	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = * /				Ī	X40=	40	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	431	OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER THAN SMALL ENTITY		
		(Column 1)	Province of the Company of the Compa	(Colu		(Column 3)		SMALL E		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NÚM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T OL A114	=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM			+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)		DUII. FEE			ADDI1.1 EE;		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM	Ц	1	+135=		OR	+270=		
						•	L	TOTAL DDIT. FEE	·	OR	TOTAL ADDIT. FEE		
							,						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	IMN 2) HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	Ż	
ME	Independent	•	Minus	***		=		X40=		OR	X80≃		
۲	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIM		1	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numbe	er foul	nd in the api	oropriate bo	x in co	lumn 1.		